

**Department of State  
Division of Publications**

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# Notice of Rulemaking Hearing

*Hearings will be conducted in the manner prescribed by the Uniform Administrative Procedures Act, Tennessee Code Annotated, Section 4-5-204. For questions and copies of the notice, contact the person listed below.*

<b>Agency/Board/Commission:</b>	Tennessee Department of Human Services
<b>Division:</b>	Child Support Services
<b>Contact Person:</b>	Barbara Broersma
<b>Address:</b>	Office of General Counsel Citizens Plaza Building, 10 <sup>th</sup> Floor 400 Deaderick Street Nashville, Tennessee 37243-1403
<b>Phone:</b>	615-313-4731
<b>Email:</b>	barbara.broersma@state.tn.us

*Any Individuals with disabilities who wish to participate in these proceedings (to review these filings) and may require aid to facilitate such participation should contact the following at least 10 days prior to the hearing:*

<b>ADA Contact:</b>	Natasha Webster
<b>Address:</b>	Citizens Plaza Building, 10 <sup>th</sup> Floor 400 Deaderick Street Nashville, Tennessee 37243-1403
<b>Phone:</b>	615-313-4731
<b>Email:</b>	natasha.webster@state.tn.us

## Hearing Location(s) (for additional locations, copy and paste table)

Address 1:	Citizens Plaza Building 2 <sup>nd</sup> Floor Board Room 400 Deaderick Street
Address 2:	
City:	Nashville, Tennessee
Zip:	37243-1403
Hearing Date :	01/20/09
Hearing Time:	6:30 PM <input checked="" type="checkbox"/> CST <input type="checkbox"/> EST

Address 1:	Conference Room A, 7th Floor 531 Henley Street
Address 2:	
City:	Knoxville, Tennessee
Zip:	37902
Hearing Date :	01/20/09
Hearing Time:	6:30 PM <input type="checkbox"/> CST <input checked="" type="checkbox"/> EST

Address 1:	2 <sup>nd</sup> Floor Auditorium Donnelly J. Hill State Office Building
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	170 North Main Street		
Address 2:			
City:	Memphis, Tennessee		
Zip:	38103		
Hearing Date :	01/22/09		
Hearing Time:	6:30 PM	<input checked="" type="checkbox"/> CST <input type="checkbox"/> EST	

**Additional Hearing Information:**

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**Revision Type (check all that apply):**

☒ Amendment  
☐ New  
☐ Repeal

**Rule(s)** (ALL chapters and rules contained in filing must be listed here.)

	Chapter Number	Chapter Title
	1240-02-01	Forms for Establishing and Modifying Support Orders
	Rule Number	Rule Title
	1240-02-01-.01	Petition Form
	1240-02-01-.02	Affidavit Form
	1240-02-01-.03	Notice of Hearing Form

Substance of Proposed Rules

1240-02-01  
Forms for Establishing and Modifying Support Orders

Amendments

Rule 1240-02-01-.01 Petition Form, is amended by deleting the rule in its entirety, renaming the catchline "Petition Forms", amending the Table of Contents accordingly, and inserting the following language so that, as amended, Rule 1240-02-01-.01 shall read as follows:

1240-02-01-.01 Petition Forms.

- (1) The following form, or another form containing all of the information herein, may be used to commence an action to establish a support order pursuant to T.C.A. § 36-5-401 et seq.

IN THE \_\_\_\_\_ COURT OF \_\_\_\_\_ COUNTY, TENNESSEE

STATE OF TENNESSEE ex. rel.,

\_\_\_\_\_  
Petitioner  
v.

\_\_\_\_\_  
Respondent

Docket No. \_\_\_\_\_

IV-D No. \_\_\_\_\_

PETITION TO SET SUPPORT

Comes the Petitioner, and would respectfully request this Honorable Court to issue an order of support for the minor children:

\_\_\_\_\_, DOB \_\_\_\_\_  
\_\_\_\_\_, DOB \_\_\_\_\_  
\_\_\_\_\_, DOB \_\_\_\_\_  
\_\_\_\_\_, DOB \_\_\_\_\_

Petitioner alleges he/she is the:

(check one) ☐ mother  
☐ father  
☐ non-parent caretaker

of the above-named child(ren) who are in his/her physical custody. Petitioner alleges the child(ren) have been in his/her physical custody since:

(check one) ☐ birth  
☐ date of physical custody \_\_\_\_\_

Petitioner alleges there is no other person or entity entitled to support for these child(ren) for the time petitioner has had physical custody.

Petitioner alleges Respondent(s) is/are the legal parent(s) of the child(ren) and have a duty to support the child(ren).

WHEREFORE, PETITIONER PRAYS:

1. That this petition be filed and proper process issue.
2. That this Court set current and retroactive child support for said child(ren) in accordance with the State guidelines, including medical support for said child(ren), to be paid by income assignment to Central Collections.
3. That the Respondent be ordered to pay the costs of this cause.

4. For such other and further relief as this cause may require.

\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
Petitioner's Address and Phone  
\_\_\_\_\_

STATE OF TENNESSEE

COUNTY OF \_\_\_\_\_

\_\_\_\_\_, petitioner, being first duly sworn, affirms that the petitioner has read the foregoing petition, knows the contents of the petition, and that the petition is true and correct to the best of petitioner's knowledge, information and belief.

\_\_\_\_\_  
Petitioner

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC / CLERK

My commission expires: \_\_\_\_\_

- (2) The following form, or another form containing all of the information herein, may be used to commence an action to modify a support order pursuant to T.C.A. § 36-5-401 et seq. Where the petition language indicates a choice between Petitioner or Respondent, circle the appropriate choice.

IN THE \_\_\_\_\_ COURT OF \_\_\_\_\_ COUNTY, TENNESSEE

STATE OF TENNESSEE ex. rel.,

\_\_\_\_\_  
Petitioner

v.

\_\_\_\_\_  
Respondent

Docket No. \_\_\_\_\_

IV-D No. \_\_\_\_\_

PETITION FOR MODIFICATION

Comes the Petitioner / Respondent, and would respectfully show this Honorable Court that an order was entered herein whereby the Respondent was ordered to pay support for the minor children:

\_\_\_\_\_, DOB \_\_\_\_\_  
\_\_\_\_\_, DOB \_\_\_\_\_  
\_\_\_\_\_, DOB \_\_\_\_\_  
\_\_\_\_\_, DOB \_\_\_\_\_

in the amount of \$\_\_\_\_\_ monthly. Petitioner / Respondent alleges that it is appropriate to modify child support for the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_ ,

which results in a significant variance according to the child support guidelines.

WHEREFORE, PETITIONER / RESPONDENT PRAYS:

1. That this petition be filed and proper process issue.
2. That this Court modify the child support for said children in accordance with the State guidelines, including medical support, with support to be paid by income assignment to the state Central Collections unit for said children.
3. That the Petitioner / Respondent be ordered to pay the costs of this cause.
4. For such other and further relief as this cause may require.

\_\_\_\_\_  
Petitioner / Respondent

\_\_\_\_\_  
Petitioner's / Respondent's Address and Phone

STATE OF TENNESSEE  
COUNTY OF \_\_\_\_\_

\_\_\_\_\_, being first duly sworn, affirms that he/she has read the foregoing petition, knows the contents of the petition, and that the petition is true and correct to the best of his/her knowledge, information and belief.

\_\_\_\_\_  
Petitioner / Respondent

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
NOTARY PUBLIC / CLERK

My commission expires: \_\_\_\_\_

- (3) The following form, or another form containing all of the information herein, may be used to commence an action to enforce a support order pursuant to T.C.A. § 36-5-401 et seq.

IN THE \_\_\_\_\_ COURT OF \_\_\_\_\_ COUNTY, TENNESSEE

STATE OF TENNESSEE ex. rel.,

\_\_\_\_\_  
Petitioner  
v.

\_\_\_\_\_  
Respondent

Docket No. \_\_\_\_\_

IV-D No. \_\_\_\_\_

PETITION TO ENFORCE CHILD SUPPORT

Comes the Petitioner, and would respectfully show this Honorable Court that an order was entered herein whereby the Respondent was ordered to pay support for the minor child(ren):

\_\_\_\_\_, DOB \_\_\_\_\_  
\_\_\_\_\_, DOB \_\_\_\_\_

\_\_\_\_\_, DOB \_\_\_\_\_  
\_\_\_\_\_, DOB \_\_\_\_\_  
in the amount of \$\_\_\_\_\_ monthly. Petitioner alleges Respondent is not paying support according to the terms of the order.

WHEREFORE, PETITIONER PRAYS:

1. That this petition be filed and proper process issue.
2. That this Court enforce the child support for said child(ren) by any means the court finds appropriate, including but not limited to income assignment, issuance of liens on real and/or personal property of respondent, requiring a bond or security to assure payment.
3. That the Respondent be ordered to pay the costs of this cause.
4. For such other and further relief as this cause may require.

\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
Petitioner's Address and Phone

STATE OF TENNESSEE  
COUNTY OF \_\_\_\_\_

\_\_\_\_\_, petitioner, being first duly sworn, affirms that the petitioner has read the foregoing petition, knows the contents of the petition, and that the petition is true and correct to the best of petitioner's knowledge, information and belief.

\_\_\_\_\_  
Petitioner

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
NOTARY PUBLIC / CLERK

My commission expires: \_\_\_\_\_

Authority: T.C.A. § 36-5-406

Rule 1240-02-01-.02 Affidavit Form, is amended by deleting the existing rule in its entirety and inserting the following language so that, as amended, Rule 1240-02-01-.02 shall read as follows:

1240-02-01-.02 Affidavit Form. The following form may be used with the Petition to Set Support and Petition for Modification found in Rule 1240-02-01-.01(1) and (2). Where the petition language indicates a choice between Petitioner or Respondent, circle the appropriate choice.

IN THE \_\_\_\_\_ COURT OF \_\_\_\_\_ COUNTY, TENNESSEE

STATE OF TENNESSEE ex. rel.,

\_\_\_\_\_  
Petitioner  
v.

\_\_\_\_\_  
Respondent

Docket No. \_\_\_\_\_

IV-D No. \_\_\_\_\_

## AFFIDAVIT

Comes the Petitioner / Respondent, and being first duly sworn, states (select all that apply and fill in the blanks):

1. The child(ren) named in the petition reside with me:  
\_\_\_\_\_ less than 50% of the time  
\_\_\_\_\_ exactly 50% of the time  
\_\_\_\_\_ more than 50% of the time
2. \_\_\_\_\_ I am married to the petitioner / respondent, but we are living separately.  
\_\_\_\_\_ I have never been married to the petitioner/ respondent.  
\_\_\_\_\_ I am divorced from the petitioner / respondent by order of the \_\_\_\_\_ Court of \_\_\_\_\_ County, \_\_\_\_\_ (state), Docket number \_\_\_\_\_, effective date \_\_\_\_\_.
3. The child(ren) spend \_\_\_\_\_ (number) days per month/year with the respondent, with each day being more than twelve (12) consecutive hours in a twenty-four (24) hour period.
4. \_\_\_\_\_ There is not an order for the support of the child(ren).  
\_\_\_\_\_ The most recent order for support of the child(ren) is from the \_\_\_\_\_ Court of \_\_\_\_\_ County, \_\_\_\_\_ (state), Docket number \_\_\_\_\_, effective date \_\_\_\_\_, in the amount of \$ \_\_\_\_\_ per month.
5. I pay for the child(ren)'s medical insurance, at a cost of \$ \_\_\_\_\_ monthly.
6. I pay for the child(ren)'s dental insurance, at a cost of \$ \_\_\_\_\_ monthly.
7. I pay for work-related child care for the child(ren) at a cost of \$ \_\_\_\_\_ monthly.
8. The deductible or co-pay for the child(ren)'s medical care is \$ \_\_\_\_\_ per \_\_\_\_\_ (visit, month, annual).
9. I pay \$ \_\_\_\_\_ per month for the child(ren)'s recurring medical expenses.
10. The child(ren) participate in the following enriching and/or extracurricular activities at a cost of \$ \_\_\_\_\_ monthly: \_\_\_\_\_
11. The child(ren) incur the following educational expenses at an average monthly cost of \$ \_\_\_\_\_ : \_\_\_\_\_
12. My average gross monthly income from all non-exempt sources is \$ \_\_\_\_\_.
13. I am the legal parent of \_\_\_\_\_ (number) other qualified minor children who live in my home 50% of the time or more.
14. I am the legal parent of \_\_\_\_\_ (number) of minor children who live in my home less than 50% of the time. Over the last 12 months I have provided support for these children in the average amount of \$ \_\_\_\_\_ monthly.

\_\_\_\_\_  
Petitioner / Respondent

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC / CLERK

My commission expires: \_\_\_\_\_

Authority: T.C.A. §36-5-406

Rule 1240-02-01-.03, Notice of Hearing Form, is amended by deleting the existing rule in its entirety and inserting the following language so that, as amended, Rule 1240-02-01-.03 shall read as follows:

1240-02-01-.03 Notice of Hearing Form. The following form may be used to notify respondent that a Petition to establish, modify or enforce support has been filed against him/her, pursuant to T.C.A. §36-5-401 et seq., and to notify the respondent of the time, date and location of the hearing thereon:

IN THE \_\_\_\_\_ COURT OF \_\_\_\_\_ COUNTY, TENNESSEE

STATE OF TENNESSEE ex. rel.,

\_\_\_\_\_  
Petitioner

v.

\_\_\_\_\_  
Respondent

Docket No. \_\_\_\_\_

IV-D No. \_\_\_\_\_

NOTICE OF HEARING

TO THE PETITIONER / RESPONDENT, \_\_\_\_\_

Notice is hereby given to you, \_\_\_\_\_ that the Petitioner / Respondent will appear before the Honorable \_\_\_\_\_, Referee / Judge of the \_\_\_\_\_ Court for \_\_\_\_\_ County, Tennessee, on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_ at \_\_\_\_\_ o'clock \_\_\_\_m. You may be represented by a lawyer if you chose. This hearing will be held at the following place:

\_\_\_\_\_  
The Petitioner / Respondent will be requesting the Court: (check appropriate section)

\_\_\_\_\_ Order support for the child(ren) listed in the attached Petition to Set Support.

\_\_\_\_\_ Enforce the order of support as set out in the attached Petition to Enforce Support.

\_\_\_\_\_ Modify support as set out in the attached Petition to Modify Support.

IF YOU WANT TO TELL YOUR SIDE TO THE COURT, YOU MUST BE AT THE HEARING. BRING PROOF OF YOUR GROSS MONTHLY INCOME TO THE HEARING. IF YOU DO NOT COME TO THE HEARING, THE COURT WILL DECIDE BASED ONLY ON THE PETITIONER'S / RESPONDENT'S TESTIMONY AND MAY ISSUE AN ORDER GRANTING THE RELIEF SOUGHT IN THE PETITION.

\_\_\_\_\_  
CLERK

Certificate of Service

I certify that a copy of this Notice and Petition with any attachments was given to Petitioner / Respondent and was served on Petitioner / Respondent by mailing, return receipt requested, on the \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_.

\_\_\_\_\_  
CLERK

Authority: T.C.A. § 36-5-406



I certify that the information included in this filing is an accurate and complete representation of the intent and scope of rulemaking proposed by the agency.

Date: 11-21-08

Signature: Barbara Broersma

Name of Officer: Barbara Broersma

Assistant General Counsel

Title of Officer: Tennessee Department of Human Service



Subscribed and sworn to before me on: November 21, 2008

Notary Public Signature: Debra F. Batts

My commission expires on: May 22, 2010

**Department of State Use Only**

Filed with the Department of State on: 11-21-08

Riley C. Damell  
Riley C. Damell  
Secretary of State